MISSOURI STATE BOARD OF HEALTH Do not use this space. CTLY. PHYSICIANS should state f OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 23029 1. PLACE OF DEA Registration District No...... Primary Registration District No.. Registered No. City. 2. FULL NAMI (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred ds. How long in U.S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.7 DIVORCED (write the word) **5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF** (OR) WIFE OF 1983 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AGE short classified. The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, information should be carefully supplied. in plain terms, so that it may be properly constants. OCCUPATION sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance year)..... occupation.... 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Name of operation. What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) 23. If death was due to external causes (violence), till in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (CITY OR TOW) (Specify city or town, county, and State) (STATE OR COUNTRY) . B.—Every item of AUSE OF DEATH Specify whether injury occurred in industry, in home, or in public place, (ADDRESS) Manner of injury 18. BURIAL. Nature of injury 19. UNDERTAKER (ADDRESS)

